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9

Number of Pages (including this page)

Date: August 12, 2004

To: Avi M. Gold - Art Unit 2157

Location: United States Patent and Trademark Office

Fax No.: 703-872-9306 Centralized Facsimile

From: Kevin D. Wills - 43,993

Subject: 09/823,117- Joseph L. Michels

Confirmation No.: 6862

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**MESSAGE:**

Enclosed herewith, please find AMENDMENT for filing in the below-identified application.

**PLEASE GIVE THESE PAPERS TO:**EXAMINER:  
GROUP ART UNIT:  
SERIAL NO.:  
FILED:  
INVENTOR:Avi M. Gold  
2157  
09/823,117  
APRIL 2, 2001  
JOSEPH L. MICHELS

BEST AVAILABLE COPY

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/823,117	
	Filing Date	April 2, 2001	
	First Named Inventor	Joseph L. Michels	
	Group Art Unit	2157	
	Examiner Name	Avi M. Gold	
Total Number of Pages in this Submission	9	Attorney Docket Number	TC00099
<b>ENCLOSURES (check all that apply)</b>			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input type="checkbox"/> Other Enclosure(s) (please identify below)	
Remarks X Facsimile Transmittal Sheet			
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm or Individual	Kevin D. Wills	Registration No.	43,993
Signature	<i>Kevin D. Wills</i>		
Date	August 12, 2004		
<b>CERTIFICATE OF MAILING/TRANSMISSION</b>			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number 703-872-9306 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on the date listed below:			
Typed or printed name	V. Lynn Webb		
Signature	<i>V. Lynn Webb</i>	Date	August 12, 2004

<b>FEE TRANSMITTAL</b> <small>Patent fees are subject to annual revision</small> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<i>Complete if Known</i>																																																																																																																																																																																																																																																											
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<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <u>502117</u> Deposit Account Name <u>Motorola, Inc.</u>  The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		<b>3. 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Name (Print/Type)	Kevin D. Wills	Registration No.	43,993																																																																																																																																																																																																																																																										
Signature	<i>Kevin D. Wills</i>	Telephone	602-952-4399																																																																																																																																																																																																																																																										
		Date	August 12, 2004																																																																																																																																																																																																																																																										